Wisconsin Department of Safety and Professional Services

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Madison, WI 53703

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CERTIFIED PUBLIC ACCOUNT WALL CERTIFICATE WITH WALLET CARD OR GOVERNOR-SIGNED WALL CERTIFICATE REQUEST FORM

(Please allow 7 to 10 business days for processing.)

CUSTOMER INFORMATION:			
Name of Credential/License Holder:			
Credential/License Number(s):			
REQUIRED INFORMATION:		Wall Certificate with Wallet	Governor Signed Certificate
Mark the appropriate box(es) to indica	te type of certificate:	Department of States and Protessional Services BOND OF NURSING	THE STATE OF WECONSIN NAME OF BOOLD
☐ Wall Certificate with Wallet Card		CASATY DON'TH. The product of the p	"Michigan San San San San San San San San San S
Governor Signed Wall Certificate		The complete any quantitative for the figure for the first of the complete for the complete	4-
☐ Indicate Specialty to be Printed (if any	r)		
Note: Not all specialties are available for printing. These certificates may be printed in the same format from your personal computer.			
Required Information for Processing: You must provide a mailing address and a daytime phone number.			
Name of Requestor: Same as Customer listed above.			
Address to send certificate(s): (street, city, state, and zip)			
Daytime Phone Number:	-	-	

Email Address: